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Beliefs, Values, and Practices of Navajo Childbearing Women¹

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The purpose of this exploratory-descriptive study is to describe the beliefs, values, and practices regarding the childbearing experience as perceived by a sample of Navajo childbearing women. The methodology is a replication of that used in previous studies by the researchers and colleagues who investigated the childbearing experience as perceived by childbearing women of five other cultures. A Navajo nurse interviewed 20 pregnant Navajo women between 16 and 38 years of age who reside on the Navajo reservation. The 35 items with which at least 12 subjects agreed are reported. The great diversity in beliefs, values, and practices reported by this sample of Navajo childbearing women is consistent with findings of the five previous studies. The results reemphasize the need for individualized culture-specific assessment of each Navajo childbearing client to provide health care that is truly sensitive to her cultural needs.

The Navajo reservation is located in the Four Corners region along the borders where Arizona, Utah, Colorado, and New Mexico meet. The Navajo are the largest Indian tribe in the continental United States with an estimated population of 128,353, as reported in the 1990 census.

Navajo families have historically maintained their centuries-old traditional lifestyles and beliefs that have not been greatly influenced by the surrounding society (Satz, 1982). Today, however, many of these traditions are no longer being practiced or are being practiced only partially by the younger Navajo population as the social structure of the tribe is changing and an increasing number of Navajo are living and working in cities and towns, either on or near the reservation (Phillips & Lobar, 1990). An ever-growing number of Navajo are leaving to settle in industrial areas such as Los Angeles, San Francisco, Denver, Dallas, and Chicago (Dutton, 1983).

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The importance of accurate culture-specific assessment of every client to achieve effective health care has been widely reported. Included is discussion of culturally sensitive health care to Navajo clients (Boyle, Szymanski, & Szymanski, 1992; Goldstein, 1987; Phillips & Lobar, 1990; Satz, 1982); however, no research is reported that investigated the beliefs and practices specific to the Navajo childbearing experience. Yet,

Among the Navajo, no less than among members of any cultural background, deeply held traditional beliefs may have great bearing on the way an individual responds to suggestions, treatment, and care given in the field of health. (Evans & Fike, 1975, p. 97)

PURPOSE

The purpose of the study is to describe the beliefs, values, and practices regarding the childbearing experience as perceived by a sample of Navajo childbearing women, as a basis for deriving implications for the delivery of culturally appropriate health care.

METHOD

An exploratory-descriptive design was used to assess the beliefs, values, and practices of a sample of Navajo women residing on the Navajo reservation. The methodology is a replication of that used in five previous studies by the authors and colleagues that investigated childbearing beliefs and practices of women from five other cultures: Haitian, Cuban, and Black American women in Florida and Caucasian American and Mexican women in New Mexico (Dempsey & Gesse, 1983, 1985; Dempsey & Hippo, 1989, 1990, 1991; Gesse, 1991; Gesse & Strauss, 1991; Hippo, 1989a, 1989b; Strauss & Gesse, 1992).

Cultural Assessment Framework

The authors chose the Kay-Galenic framework as a basis for this investigation because it provides the most focused assessment of cultural behavior patterns during the various phases of the childbearing experience. The framework uses the 1,800-year-old Galenic model of dietetics that focuses on the management of factors external to the body: air and water; food and drink; sleep and wakefulness; movement, exercise, and rest; evacuation and

retention; and passions of the spirit or emotions. Margarita Kay, a nurse anthropologist, applied the Galenic model to the childbearing experience to formulate a cultural assessment framework designed to acquire behavioral information that would provide a better understanding of the client's response to childbearing. This knowledge should enable the nurse to provide care that supports the culture-specific beliefs, values, and attitudes of the childbearing client (Affonso, 1979).

Research Instrument

For the initial investigation, Dempsey and Gesse (1983) adapted the Kay-Galenic cultural assessment framework to develop a structured interview schedule consisting of 54 questions related to four areas of childbearing: menstruation, conception, and pregnancy (15 questions); labor and birth (14 questions); postpartum (10 questions); and newborn (15 questions). Although the role of the father in the childbearing process was included in the original cultural assessment framework, it was not included in the interview schedule because of constraints on the length of the interview schedule. Content validity for the original interview schedule was determined by a panel of three experts in the childbearing process; pretesting indicated that no revisions were necessary. This original interview schedule, used to collect data in the five previous investigations, was again used to collect data for this investigation. Background information pertinent to Navajo childbearing women was also collected.

Sample

To provide for a variety of respondents with childbearing experience, a sample of 20 pregnant Navajo women was recruited to include both primigravid and multigravid women and to represent a broad age range.

Procedure

The interviewer, a Navajo nurse, is fluent in both the Navajo and English languages. Each subject signed an informed consent form prior to the interview. The interviewer read the questionnaire items in English to each subject and then clarified in either English or Navajo, depending on the subject's fluency in English. Of the 20 subjects, 15 responded in Navajo and 5 responded in English. The average interview lasted 1½ to 2 hours; all interviews were conducted during a 4-month period. Subjects were interviewed

in a variety of settings depending on their availability to the interviewer. Of the 20 subjects, 13 were interviewed in their homes on the reservation, 4 were interviewed in Indian Health Service clinics on the reservation, and 3 were interviewed in laundromats near the reservation.

FINDINGS

Characteristics of the Sample

The sample of 20 pregnant Navajo women all resided on the reservation. Although 9 subjects declined to report their family clan, 11 did report belonging to family clans; six clans were represented. Respondents ranged in age from 16 to 38 years, with a mean age of 24.6 years. Month of gestation ranged from 2.5 to 8 months; 12 subjects were in the last trimester of pregnancy. In addition, 12 subjects were primigravid; of the 8 multigravid subjects, 1 had one child, 5 had two children, and 2 had three children. Only 1 subject had delivered at home; the rest had delivered in hospitals. Educational level ranged from completion of 8th grade to completion of 14th grade, with a mean of completion at the 10th-grade level. Several respondents who had dropped out stated that they were trying to get back into school. Of the total sample, 13 subjects (65%) had received instructions about childbearing from hospitals or clinics.

Interview Responses

To facilitate the reporting of responses, of which there was much diversity, the authors have identified 35 of the 54 items that at least 12 subjects (60% of the sample) responded to similarly. Following is a report of these responses.

Menstruation, Conception, and Pregnancy

Of the 20 subjects, 15 (75%) stated that they did not know that menstruation is associated with fertility. The predominant response of 60% of respondents regarding their beliefs about preventing pregnancy was either "birth control" (5 subjects) or "contraceptives" (7 subjects). In addition, 2 subjects referred to herbs that can be used to prevent pregnancy but could not recall the name of the plant; 1 of these stated that this herb is found in the mountains. A 36-year-old multipara stated, "Some mountain herbs are given to you for an abortion." Another stated, "The traditional belief is that if you are a good

person, then children can come to you, but also, if you're one who is obsessed with having children, you may never have any."

Among the sample, 12 subjects (60%) believed a woman is viewed differently when pregnant, primarily because of the special needs of pregnancy. A 29-year-old multipara stated, "A pregnant woman is viewed traditionally as a person with special qualities and is well taken care of." Another stated, "A pregnant woman has to have special treatment and is viewed by women without or who cannot have children with envy or jealousy." Another stated, "Pregnant women are looked upon as special and cared for by all family members." A total of 14 subjects (70%) believed that a pregnant woman is accepted no differently with her first baby than she is with succeeding pregnancies. Whether she is in hot air or in cold air during pregnancy makes no difference, according to 70% of the sample. Further, 12 subjects had no special beliefs about bathing or cleansing during pregnancy; the others referred to the usual shower and bathing. Nearly the entire sample (18 respondents) reported no special beliefs about kinds of foods to eat or liquids to drink during pregnancy but stated that their sleeping habits change; most reported that they were more tired and/or needed more sleep.

Specific fears during pregnancy were reported by 14 subjects. These included falling, losing the baby (12 respondents), and having a deformed or dead baby (2 respondents). A respondent associated danger with drugs or alcohol. An 18-year-old primipara stated, "The only danger is still not to go near a cemetery," and a 36-year-old multipara said "not to strain oneself or lift heavy objects and, traditionally, anything associated with death."

Three-quarters (15) of the respondents felt that medical care is necessary during pregnancy; 3 reported that they felt better with medical care, and 1 specifically stated, "I feel better and I will have a healthy baby." On the other hand, 3 subjects did not like medical care because "sometimes it's painful" or "I don't like what they do to me" and "I have to even though I don't like it." One 36-year-old multipara stated, "I want it and enjoy the attention."

Labor and Birth

In response to a question regarding the cause of labor, all but 2 of the 20 subjects believed that the baby causes labor, variously referring to the cause as "the time for the baby to come out." One referred to "the baby's need to escape to come to life." Another responded, "when it's time for the baby to arrive," and still another said that "the baby is coming into the world." Fully 80% (16 subjects) believed they need to be in or near a hospital for labor and delivery. A 29-year-old multipara said that labor "should be near a hospital, but traditionally it would have to happen when there was a Navajo elder around—with the Blessingway Chant going on at the same time."

A total of 70% (14) of the subjects stated that there are no types of food or drink to be avoided during labor. However, 4 stated that drugs and alcohol should be avoided. An 18-year-old primipara, who stated that drugs and alcohol should be avoided, added that drugs and alcohol "is what got me into this mess."

In response to the question "Is there anything to say or do during labor?" 16 (80%) reported that the woman should be awake during labor. Comments included, "I'm expected to walk around until I feel like pushing very hard, I was told by one of the nurses on my last pregnancy" and "Stay in bed; the baby may fall out." Of the sample, 65% said there are no special sounds one should make during labor, but 1 subject specified "whatever she wants to say," 2 multiparas said "just scream," a 17-year-old primipara said "I plan to yell," and an 18-year-old primipara responded "I'm going to yell if I'm awake."

In response to the question "Does she want someone to be with her during labor, holding her hand, touching her?" the majority (17) of the respondents said they do not want to be touched when they are in labor, and 14 expressed no restrictions regarding who attends the labor and birth. When asked what are their fears about labor, "the pain" was cited by 12 subjects (60%) as the predominant fear.

Postpartum

Fully 85% of the sample reported that the postbirth period starts after birth, but there was no consensus regarding the length of the postbirth period. Reported times varied from 24 hours to 6 months and included "when you stop bleeding," "until discharge from the hospital," "until whenever she heals," and "all day after birth." In addition, 18 subjects (90%) reported no special beliefs about the postbirth vaginal discharge, and even the other 2 said to just take care of it "like it was your period." All but 3 respondents, who did not know, stated that it makes no difference whether the mother is in hot air or cold air during the postbirth period, and 15 said there are no special beliefs about bathing or cleansing during this time.

All but 2 subjects said it makes no difference what kind of food the mother eats or liquids she drinks during the postpartum period. In response to the question "Are there any kinds of activities which she must carry out or avoid?" 14 stated "no"; 5, however, referred to nothing strenuous such as lifting. Regarding behaviors expected of a new mother, 12 subjects (60%) stated that there are no particular behaviors expected, but 6 others referred to caring for/watching her child. A 36-year-old multipara responded "act like she doesn't know how to care for the infant," and a 21-year-old primipara cited "insecurity" as an expected behavior.

No respondents cited any dangers or expressed any fears associated with the postbirth period. In response to the question "Does she believe in contraceptives; is there a special kind she uses?" 17 subjects (85%) stated that they believe in contraceptives; 12 subjects qualified their responses with "now I do." One primipara stated, "Now I do, but not before. I believed it could never happen to me." Another primipara stated, "Now I do. I should have used it a long time ago." "The pill" was the only type of contraceptive that was identified by the respondents.

Newborn

The subjects were asked whether the mother is expected to breast feed her infant immediately following birth, and all but 1 said "yes." An 18-year-old primipara who said the mother is expected to breast feed added "but I'm not going to breast feed." In response to the question "Are there any particular characteristics looked for in a newborn infant?" 75% of the subjects stated "no." Others referred to normalcy. Regarding any beliefs or practices important to the newborn's entrance into the world, 14 subjects (70%) said there were none; however, 2 of these referred to baptism, saying "maybe to baptize it or something." Also, 3 referred to the Blessingway Ceremony, one stating, "We usually have a Blessingway Navajo ceremony for the child to thank the Gods for a healthy child."

When asked when and how the baby is bathed, 13 had specific responses about when to bathe the baby, ranging from every day (8 respondents) to once a week (or when dirty). A respondent specified a time to bathe as "everyday in the afternoon," another said "in the morning," and another said "in the morning or afternoon." Of all the respondents, 12 (60%) specifically indicated that the baby is bathed in warm water. Of these, 5 referred to safety, with 3 elaborating that care must be taken not to drown the baby. When asked whether other people can see the baby, all 20 subjects responded with an unqualified "yes." The same was true when they were asked whether other people can touch the baby. Whereas 70% of respondents (14) stated that the baby should be kept wrapped and not free to move, 2 qualified their response with "wrapped and in a cradle board" and wrapped "because they're always cold," 1 adding that the baby has a thin skin.

When asked "What fears does the mother have about the new baby?" 70% (14) cited fears such as dropping the baby (8), "not hearing her at night when she cries," fear of "breaking her bones," and a fear that the baby will not be normal; 2 referred to a fear of the baby having some type of deformity or handicap, and 1 referred to a fear of death. Fully 19 (95%) stated that the baby is introduced to the community at a baby shower, 2 specifying "after the baby is born." Another respondent said the baby is introduced to the community

“at a party.” In addition to the baby shower, 2 respondents added “or during the Blessingway Ceremony.” Also, 3 subjects added that taking the baby out is restricted to only good areas; that is, the baby cannot be taken to graveyards or funerals and “no cemetery during a burial.”

Other Responses

There were 19 questionnaire items of which fewer than 12 subjects agreed on their responses. Those particularly noteworthy and reflecting diversity are presented here.

Activities to avoid during menstruation or pregnancy included “not to hunt and to avoid certain, mostly all, traditional ceremonies” and “can participate in all traditional ceremonies provided you are given some medicine prior to participating.” A subject said not to go into a sweat house, and another indicated that traditional ceremonies, as well as entering a sauna or sweat bath, are to be avoided. A 38-year-old multipara responded, “Traditionally, we cannot go [anywhere] or do anything in a negative manner and bring bad thoughts to the child through the mother’s thoughts and behavior.” Another 38-year-old multipara indicated that she was told to never have sex or sleep with anyone, male or female (the belief being that this may cause arthritis in the individual). A 36-year-old multipara stated, “Don’t have sex; go to graveyards or funerals; walk on dead bodies, blood, animals; or go to traditional ceremonies and travel for long periods.” A subject stated that during pregnancy she would “continue to walk and exercise and avoid the cemetery like a plague.” More than half (11) of the respondents stated that there should be no sex during pregnancy, whereas 8 others stated that there are no restrictions on sexual activity during pregnancy; 1 specified, “I can continue to have sex until I don’t want to.”

Regarding activities during labor, a respondent stated, “My grandmother used to tell me to walk all the time.” Another stated that labor can be speeded up with exercise and that “to hinder birth, just become a couch potato.” Regarding positions during labor to be used or not used, a 36-year-old multipara stated, “She should be on her back, but long ago we used to squat, I’m told by my grandmother.”

One of the most interesting items, in terms of responses, was to the question “Is there any special handling of the umbilical cord or the placenta immediately after birth?” Of the 20 respondents, 9 said “no” or “nothing”; another 1 said “not now—a long time ago they were taken to the sheep corral”; 5 said “give it to grandma”; and 2 said they do not know what she does with it. In addition, 3 said “give it to mother,” 1 adding that she did not “know why she would ask for it.” Further, 3 subjects were specific in their comments regarding the umbilical cord, stating, “Take it to the sheep

corral when it falls off so the child will always return home; they used to bury the placenta under a pinion tree." Another stated, "The umbilical is placed in a sheep corral; this should be where the mother lives. It's believed that the child will always return home. Nothing to be done with the placenta." The other subject said "when it falls off to be buried at sheep corral."

There were variations in responses regarding when sexual intercourse may be resumed. Half (10) of the respondents said it can be resumed when the bleeding stops. Of the other responses, 1 said after 2 weeks, 3 said after 2 months, 1 said after 4 months, and 1 said "after 4 full moons." Other responses included "whenever she feels like it," "whenever the mother agrees to it," and "I don't know and I don't even want to think about it" (25-year-old multipara); 1 respondent did not know. In response to the question "What is believed about the baby's umbilical cord stump?" 5 subjects stated that they had no beliefs and 5 did not know, 1 stating, "All I do is take it to the sheep corral." Further, 4 said to give it to grandma, 2 adding that they do not know why; 2 said to give it to grandma or mother and stated that they do not know why. A subject stated, "Take it to the sheep corral because it's where one will always come home to—similar to the sheep coming home; baby will always return home no matter where she goes." A 36-year-old multipara said to "put someplace safe for grandma; I don't know where she puts it or what—never thought about asking." Another subject said to "take home and put in a sheep or horse corral" and another said "should be put someplace safe in a sheep corral where the animals cannot get to it."

To summarize, the responses to the 35 items on the 54-item interview schedule on which at least 12 of the 20 subjects (60%) essentially agreed have been reported. There were 3 items on which the responses of all subjects were in agreement: All expressed no dangers or fears associated with the postbirth period, all agreed that other people can see the baby, and all agreed that other people can touch the baby. There were 2 items on which the responses of all but 1 of the 20 subjects (95% of the sample) were in agreement: The mother is expected to breast feed the baby, and the baby is introduced to the community specifically at a baby shower. Additional individual responses of interest have been reported.

DISCUSSION

The 20 Navajo childbearing women in this study showed diversity in their responses to the 54-item structured interview schedule designed to elicit their beliefs, values, and practices regarding the childbearing experience. This

finding is consistent with that of Boyle et al. (1992), who used the ethnographic approach of participant observation to collect data regarding the cultural beliefs, values, and practices of Navajo home health clients on the reservation and concluded that "it was very clear that not all Navajo clients who live on the reservation think alike" (p. 7).

The data from this study are not as rich in the reporting of those traditional ceremonies and taboos associated with the childbearing experience as was anticipated, not only by the authors but by the Navajo interviewer as well. The most traditional responses regarding ceremonies and taboos were given by three of the older women in the sample: one 29-year-old and two 36-year-old subjects. Four of the subjects did not report any of the traditions or taboos in their interview responses. These respondents were young: one 16 years old, two 17 years old, and one 18 years old. Those who reported only one or two of these traditions were also among the younger subjects. This finding may be reflective of that reported by Phillips and Lobar (1990), who compiled a literature summary regarding Navajo child-rearing beliefs and rearing practices: "Navajo society has undergone changes and adaptations over the years. Many traditional beliefs about child care are no longer practiced or only partially practiced by the younger Navajo population" (p. 13).

Multiple authors have discussed the traditional ceremonies and taboos associated with Navajo childbearing. Among the most current references specifically related to health care among the Navajo are those of Boyle et al. (1992), Goldstein (1987), Phillips and Lobar (1990), and Satz (1982).

In the Navajo culture, human life is viewed as part of the natural order of the cosmos. Health is associated with goodness, blessing, and beauty. Illness occurs when a person somehow falls out of harmony with the forces of nature (Boyle et al., 1992, p. 11). According to Evans and Fike (1975), many of the deeply held traditional beliefs of the Navajo are "simply common sense," others reflect the awe with which the Indians regard native and natural phenomena, and still others are derived from sacred myths and legends that are a part of the Navajo healing ceremonies.

Because the Navajo traditionally believe that pregnancy is a state of wellness and not an illness, the pregnant women is encouraged to exercise regularly and to go about her chores; this routine keeps her calm and happy. Heavy work is to be avoided because it may result in a premature delivery or kill the unborn child (Phillips & Lobar, 1990). This belief was reflected in the responses of several subjects in this study. Phillips and Lobar report that because the baby is a welcome addition to the family, precautions must be taken to give the child a favorable start in life. Ceremonies and taboos ensure health, prosperity, and general well-being for both the mother and the baby. They protect both mother and child from harm and place them "in tune" with

the Holy People who watch over the Navajo. Dutton (1983) states that the Blessingway places the Navajo in tune with the Holy People and is performed for an expectant mother. According to Satz (1982), the Blessingway "is an act of balance, a blessing for a person, place, or act" (p. 90). Evans and Fike (1975) cite the traditional Navajo belief that a pregnant woman should not attend any sing other than the Blessingway. Satz (1982) notes that another Blessingway ceremony may be held after the delivery of the baby, when the mother's bleeding stops, to ensure growth and to bless the baby. Several respondents referred to the Blessingway ceremony as being performed during labor and after the baby is born. None of the subjects referred to the importance of this ceremony during pregnancy.

The responses of various subjects in this study are consistent with the traditional belief held by Navajo women that pregnancy is a state of health rather than of illness. Because pregnancy is a state of the living, the pregnant woman must not attend funerals or look at dead animals; such actions expose the fetus to the realm of the dead and cause deformity or illness (Satz, 1982). As also noted by Phillips and Lobar (1990), neither parent should go through a graveyard because the child may have nightmares; also, the child will become sick if either parent kills or skins a coyote, snake, or cat (or sees a dead one). Reference to this traditional belief was made by some of the respondents in this study.

With regard to labor and delivery, according to traditional Navajo belief, childbirth occurred in the hogan where most celebrations and ceremonies take place (Satz, 1982); however, as noted by Phillips and Lobar (1990), today most Navajo mothers deliver in the hospital. This practice is consistent with responses of the study subjects. With the traditional Navajo mother, breast feeding is not begun until the mother's milk comes in. The mother is expected to breast feed her baby, in the belief that breast-fed babies are considered healthier, because "a bottle-fed infant becomes too detached from the mother and cow's milk infuses the child with the faculties of animals" (Phillips & Lobar, 1990, p. 16). In this study, all but one respondent, a 17-year-old primipara, believed that the mother is expected to breast feed her infant immediately following birth. These responses are consistent with Satz (1982), who noted that traditionally the mother breast fed her infant immediately after birth.

Many of the respondents in this study reported various beliefs regarding special handling of the umbilical cord and/or placenta after birth as well as beliefs about the umbilical cord stump. Phillips and Lobar (1990) report that when the traditional Navajo birth took place in the hogan, the placenta was buried in the ashes of the hogan fire because fire combats evil spirits or else it was buried because the placenta is the life tube of the baby and ties the child

to the land. The cord is disposed of by burying it near the hogan, and the place where the cord is buried determines in which vocation the parents want the child to excel; the cord is buried in a stockyard so that a boy will become a good stockman or by a loom so that a girl will become an artistic weaver. Evans and Fike (1975) state that the Navajo believe that the cord or placenta should be buried near the home (i.e., by the sheep corral) because this will determine the occupation of the newborn. According to Satz (1982), in a traditional birth in the hogan,

Postpartally, the father buries the placenta so that evil forces cannot seize hold of it. He also buries the cord stump in a carefully chosen place; close to the hogan so the child can be attached to the earth and have a place to call home; and close to a symbol of a desired trade such as a sheep corral if the parents hope that the child will grow up to be a shepherd, or near the loom if they want him to be a weaver. (p. 91)

All but one respondent in the study indicated that the newborn is introduced to the community during a baby shower after the baby is born. This response is consistent with the Navajo custom that most do not prepare much for the baby before birth in the belief that this may cause illness or misfortune for the child (Satz, 1982).

Finally, this investigation has the following limitations. The small non-probability sample limits generalizability of the results. The structured interview schedule is not designed to permit the interviewer to probe responses. Also, the role of the Navajo father in childbearing, traditionally a very important one, was not included in this study. Another limitation, that of heavy reliance on the Navajo interviewer, is not unlike that cited by Higgins and Dicharry (1991) in their study of social support among Navajo women.

A major problem with research when the investigator must rely on a Navajo speaker to do the interviewing is that informants will sometimes give the "ideal" response, or one that they believe someone from their own culture would think proper in light of cultural values which the subject is expected to reflect. (p. 250)

According to Dutton (1983), in the Navajo belief system, one never discusses problems with others; feelings are not discussed or shared. This is consistent with the observation of the Navajo interviewer for this study, who stated that she felt that the women she interviewed may have been practicing more traditions related to childbearing than they reported to her because she was a stranger and "some of the interview questions were really personal."

CONCLUSIONS

The diversity in the beliefs, values, and practices reported by the Navajo childbearing women in this study is consistent with the authors' findings in previous studies that concerned the childbearing beliefs, values, and practices of childbearing women of five other cultures. The results of these studies all indicated that a childbearing woman does not necessarily view the childbearing experience within the traditions of her culture. As in the previous studies, the findings of this study support the conclusion that each Navajo childbearing client has individualized perceptions and a range of knowledge that she brings to the childbearing experience. This finding is consistent with Dutton's (1983) observation.

It should always be remembered that any Indian group, or even an Indian family, is now in a transitional stage. They are torn between their own ancient standards and those that are being urged or thrust upon them by those of non-Indian culture. (p. 12)

The variations in the responses of the Navajo childbearing women in this study reemphasize the need for accurate culture-specific assessment of each Navajo childbearing woman to determine the extent and the impact of traditional cultural values. "It is imperative that we as health professionals recognize the importance and value of Native American Medicine and be willing to work within the framework of the culture of these great peoples" (Evans & Fike, 1975, p. 99). To ensure successful integration of traditional Navajo beliefs with modern childbearing health practices, health care personnel need to support those individual beliefs, values, and practices that are either beneficial or harmless and modify those that are harmful to provide nursing care that is truly sensitive to the cultural needs of each Navajo childbearing client.

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